

Backflow Prevention Assembly Test & Maintenance Report

PWS ID # 0140002

Date of Test: _____

You are required to furnish the City of Belton with a copy of your **BPAT Certificate** and **gauge test** report each year. Mail it to the City of Belton, PO Box 120, Belton, Texas 76513 Attention: Asst. Public Works Director. If you have questions, call 254 933-5824.

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping purposes:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF BUS./ENTITY _____ PHYSICAL ADDRESS: _____

OWNER/CONTACT PERSON: _____ PHONE NUMBER _____

LOCATION OF BFPA: _____

TYPE OF ASSEMBLY:

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum breaker |

Mfg: _____ Size: _____ Model /Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local code? _____

	Double Check Valve Assembly			Pressure Vacuum Breaker	
	1st Check	2nd Check	Relief Valve	Air Inlet	Check Valve
Initial test	Held at ____ psid Closed Tight Leaked	Hold at ____ psid Closed Tight Leaked	Opened at ____ psid Did not open	Opened at ____ psid Did not Open	Held at ____ psid Leaked
Repairs and Materials used					
Test After Repair	Hold at ____ psid Closed Tight	Hold at ____ psid Closed Tight	Opened at ____ psid	Opened at ____ psid	Opened at ____ psid

Remarks: _____

Test **gauge used**: Make/Model _____ SN: _____ Date Tested for Accuracy: _____

The backflow prevention assembly detailed above has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Certified Tester (print) _____

Firm Name: _____

Certified Tester (signature) _____

Firm Address: _____

Certified Tester No. _____

Firm Phone # _____

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

**USE ONLY MANUFACTURER'S REPLACEMENT PARTS